Emergency Information

15316 Huebner RD #300 • San Antonio, TX 78248 210-479-5853 vcssa.com

Student's Name

Child's Last Name	Child's First Name	Child's Middle Initial
Child's Date of Birth Ex. 04/23/2001 / /		

Emergency Contact

Give the name, address and phone number of person to call in case of an emergency if parents/ guardian cannot be reached:

Last Name	First Name	Middle Initial

Street Address	City	State	Zip Code

Home Telephone No.	Work Telephone No.	Cell Phone No.

Relationship	

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to make the necessary emergency medical care arrangements and to have the child transported for emergency medical treatement.

Signature – Parent or Legal Guardian

Signature – Parent or Legal Guardian

Date